



City of Fairfax
Department of Fire and Rescue
Office of Code Administration
10455 Armstrong St., Rm 103
Fairfax, VA 22030
(703) 385-7830

APPLICATION FOR FIRE PREVENTION CODE PERMIT

Fire Prevention Code(s) applying for:

Amount Due:

Business /Headquarters Name:

Billing Address:

STREET

CITY

STATE

ZIP CODE

Tax-Exempt Organization? Please submit supporting documentation.

All conditions, surroundings and arrangements are to be in accordance with the Fire Prevention Code.

I, _____, hereby accept full responsibility for the
(SIGNATURE)

adherence to all requirements of the Virginia Statewide Fire Prevention Code and the City of Fairfax Fire Prevention Code pertaining to the above application.

Inspection Location:

STREET

CITY

STATE

ZIP CODE

Name of person making application:

PLEASE PRINT

Telephone: Day _____ Night _____ Emergency Telephone: _____

Building Owner: _____

Address

Telephone

Date Received: _____

Permit Expires _____

Permit No: _____